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ABSTRACT

Recent research indicates that a significant number of college-age women suffer from bulimarexia (also called the gorging-purging syndrome, the binge-purge cycle, bulimia or bulimia nervosa). To examine the relationship of three personality variables (anxiety, assertiveness, and locus of control) to eating disorders, 46 college students participated in a study. Subjects were divided into three groups: 13 subjects were in eating disorders therapy; 15 subjects were in group therapy; and 18 subjects were psychology students, serving as controls. Both before and after either the course of therapy or the semester of academic class meetings, subjects completed the State-Trait Anxiety Inventory, the College Self-Expression Scale, and the Internal-External Locus of Control Scale. An analysis of the results showed that at both pre-testing and post-testing, there were highly significant differences between groups on measures of state and trait anxiety and assertiveness, but not on the measure of internal-external locus of control. Means were ordered with members of the eating disorders group at the high (most anxious) end, members of the general therapy group in the middle, and control group members at the least anxious end of the scales. Follow-up tests indicated that, at both pre-testing and post-testing, those with eating disorders were more anxious, both state and trait, than those in the control group, and group therapy members were more anxious, state and trait, than those in the control group. On the measure of assertiveness, those with eating disorders showed less assertiveness than members of the therapy group or the control group. (BL)

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Correlates of Eating Disorders in College Students

Recent reports indicate that a significant number of college-age women suffer from what is now being called bulimarexia (Boskind-Lodahl & White, 1978), the gorging-purging syndrome (Boskind-Lodahl & Sirlin, 1977), the binge-purge cycle (Langway, Zabarsky, Maier, & Prout, 1981; Van, 1981), or bulimia or bulimia nervosa (Pediatric Alert, 1982). The bulimarexic syndrome has been defined by Boskind-Lodahl and her associates as a cyclical eating disorder in which the person first gorges or binges and then purges herself/himself of that food, through self-induced vomiting, laxatives, fasting, or amphetamine abuse. Other definitions of some of the same terms focus on binging without purging. The profusion of terms and definitions reflects a more general diversity and perhaps confusion on the part of professionals studying or treating the problems.

Considerable effort has been made to differentiate individuals with eating disorders from those without, to characterize and categorize the former. Attempts have been made to describe both the behavior and the personality of the typical sufferer, almost always a woman, who turns to food for comfort (Brenner, 1980); who eats excessively without satiation or awareness of hunger (Bemis, 1978); who deals with overwhelming guilt after binging by purging; who is a perfectionist, with extreme and unrealistic standards for herself (Brenner, 1980). Severe depression and suicide attempts may occur (Bemis, 1978). Factors also reportedly involved are distorted body-image (Boskind-Lodahl & White, 1978); low self-esteem, especially feelings about one's own body (Boskind-Lodahl & Sirlin, 1977; Brenner, 1980; Van, 1981); high need for achievement; expectations that are rigid, unrelenting, and self-denying; false sense of power and control through self-discipline and self-denial (Brenner, 1980); feelings of helplessness and

shame (Boskind-Lodahl & White, 1978); a classic "good girl" role with intense pressure to perform; harsh self-judgment; ambivalence about having needs: sensitivity to rejection, expecially from men; anger toward a perceived rejector (Brenner, 1980); perception of mother as demanding, controlling and manipulative; perception of father as powerful but distant; frantic striving for academic and social success (Boskind-Lodahl & Sirlin, 1977). The "typical bulimic" has been reported to be unmarried and middle-class, in her early to mid-twenties, with at least some college education, and has been engaging in binging and purging since age 18. Bulimics typically may be older than anorexics, more extroverted, anxious, depressed, guilty, and interpersonally sensitive, with healthy out-going appearances (Casper, Eckert, Halmi, Goldberg, & Davis, 1980; Langway et al., 1981).

The above-listed qualities ascribed to individuals with eating disorders are based, for the most part, on only anecdotal data. The present study examined the relationship of three personality or behavioral characteristics to eating disorders. The three possible correlates were anxiety, assertiveness, and internal-external locus of control. If those characteristics were highly correlated with eating disorders, changes in them as a result of group therapy would suggest a measure of success of that therapy.

The hypotheses of the study were: The eating disorders therapy group members (ED) would initially score higher on measures of both state and trait anxiety and lower on assertiveness than members of other (non-eating-disorders) therapy groups (GT), who in turn would feel more anxious and less assertive than individuals not seeking therapy (control group or CG). It was hypothesized that, because control appeared to be an important issue for individuals with eating disorders, the ED members would actually feel less in control of their lives (more under external control) than would either GT or CG members.

It was further hypothesized that changes would occur as a result of group therapy for those with eating disorders: Anxiety would be reduced, assertiveness increased, and a sense of control over one's life increased. These changes

could also be expected to occur, to a lesser degree, for members of the other therapy groups but not for the control group.

Method

The present study was conducted at the mental health clinic of a large mid-western university health center. Clients in group therapy for eating disorders (ED group, n=13, mean age of 22.5 years) were compared with clients in other therapy groups (GT group, n=15, mean age of 22.3 years) and with an undergraduate psychology class serving as the control group (CG group, n=18, mean age of 19.1 years). The dependent variables were three proposed correlates of eating disorders--anxiety, assertiveness, and internal-external locus of control--and changes in those correlates as a result of treatment. Measures included the State-Trait Anxiety Inventory, the College Self-Expression Scale, and the Internal-External Locus of Control (I-E) Scale, each of which was administered before and after either the course of group therapy (ED, 2.9 months; GT, 2.9 months) or the semester of academic class meetings (3 months).

The group therapy offered to clients with eating disorders was based partially on the program developed by Boskind-Lodahl and her associates, which incorporated a feminist perspective and an experiential-behavioral orientation. The groups were utilized to attempt to overcome the women's isolation and shame, emphasize awareness and responsibility, redirect the women's attention from a preoccupation with food to their feelings, and help them learn other ways of dealing with those feelings. The loosely-structured approach involved an examination of culturally-influenced assumptions, training in assertiveness, and enhancement of intimacy and trust of other women. Behavioral techniques included daily journals, short-term goal-setting, role-playing, hypnosis, and guided fantasy and awareness exercises. A non-therapy support network was developed by having the group members meet weekly in small groups with recovering bulimics and/or anorexics as "resources" and without therapists.

The group therapy offered to clients with a variety of problems other than eating disorders was also loosely structured, with therapeutic strategies less behaviorally oriented and more focused on group process and interpersonal communication as well as insight.

All therapy groups ranged from 6 to 12 weeks (1 hour a week). The psychology class control group was a 15-week course (2½ hours a week).

Outcome

Separate multivariate analyses of variance were performed for pre-test and post-test data, with follow-up Newman-Keuls comparisons to determine where significant differences lay between groups. At both pre-testing and post-testing, there were highly significant differences between groups on measures of state and trait anxiety and assertiveness, but not on the measure of internal-external locus of control (see Table 1). Means were ordered with members of the eating disorders groups (ED) at the high (most anxious) end, members of the general therapy groups (GT) in the middle, and control group members (CG) at the least anxious end of the scales (see Table 2). Follow-up tests indicated that, at both pre-testing and post-testing: ED members were more anxious, both state and trait, than CG members. GT members were also more anxious, state ($p=.05$) and trait, than CG members. On the measure of assertiveness, ED members showed less assertiveness than members of either the other therapy groups or the control group. The above differences, except where indicated, were at the .01 level of significance.

Only one significant difference was found between pre-test and post-test scores for any group. That difference was a decrease in state anxiety for members of the eating disorders groups. However, ED group means on all measures showed the hypothesized pre-post changes at non-significant levels, while the GT and CG groups did not show such evidence of change (see Table 2).

Although it was originally hypothesized that, over the course of therapy, ED members would decrease in both state and trait anxiety, increase in assertive-

ness, and feel more under internal control by the end of the semester's treatment, no changes in stable personality characteristics could be attributed to group therapy. However, significant differences were found at both pre-testing and post-testing between ED clients and other clients, and between clients and non-clients. These data suggest that it may be possible, to a limited extent, to differentiate individuals with eating disorders from others seeking therapy and from persons not seeking therapy, on the basis of levels of state and trait anxiety and assertiveness. In addition, differences might be found for feelings of control on a measure more sensitive to the particular facets of control most meaningful to individuals with eating disorders: Control over personal matters, values, habits, and interpersonal interactions. As for changes effected by treatment, this study's failure to document such changes might well be attributed to a number of possible factors: Lack of knowledge of what to look for in the way of changes, other than the most obvious behavioral change/decrease in instances of binge-purging; lack of sensitive measures; lack of powerful change agents in the therapy itself; insufficient number of client subjects; etc.

Because eating disorders are increasing dramatically on college campuses, any aids are welcome in helping those who are caught up in struggles with food. This research contributes to knowledge about clients with eating disorders as compared with other clients seeking help and compared with non-clients. Not only were significant differences found between groups, but trends in the data suggested that there might be changes occurring for the clients with eating disorders over the course of treatment that were not occurring for other clients or non-clients. Perhaps, then, an approach incorporating experiential, behavioral, and insight components with a feminist perspective, plus the development of a non-therapy support network, may prove useful. Clearly there is a need for further research on both the question of how persons with eating disorders are different from other individuals and what treatment methods might be effective with such clients.

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Table 1

Pre-Test and Post-Test
Group Differences

	F	DF	P
Pre-Test			
State Anxiety	9.2	2, 51	0.0004
Trait Anxiety	12.7	2, 51	0.0001
College Self-Expression Scale	14.0	2, 51	0.0001
Internal-External Locus of Control Scale	0.14	2, 51	0.8737
Post-Test			
State Anxiety	10.2	2, 39	0.0003
Trait Anxiety	10.1	2, 39	0.0003
College Self-Expression Scale	12.2	2, 39	0.0001
Internal-External Locus of Control Scale	0.03	2, 39	0.9681

Table 2

Means and Standard Deviations
by Group and Measure

	n	State Anxiety $\bar{X}$	State Anxiety (SD)	Trait Anxiety $\bar{X}$	Trait Anxiety (SD)	College Self-Expression Scale $\bar{X}$	College Self-Expression Scale (SD)	I-E Locus of Control Scale $\bar{X}$	I-E Locus of Control Scale (SD)
Pre-Test									
Eating Disorders Group (ED)	23	50.1	(13.0)	52.3	(12.1)	101.5	(27.4)	11.7	(4.1)
General Therapy Group (GT)	13	43.9	(10.9)	47.8	(11.4)	132.8	(22.0)	10.9	(6.4)
Class Control Group (CG)	18	35.4	(7.0)	35.7	(7.5)	136.8	(17.4)	11.3	(3.5)
Post-Test									
ED	11	48.3	(9.5)	51.2	(9.2)	102.7	(27.0)	10.6	(5.3)
GT	13	44.3	(11.4)	47.6	(12.2)	130.7	(19.6)	10.2	(5.1)
CG	18	33.1	(7.9)	35.6	(8.5)	140.4	(22.2)	10.7	(4.8)

Note: For State Anxiety and Trait Anxiety, higher scores indicate more anxiety.
For the College Self-Expression Scale, higher scores indicate more assertiveness.
For the I-E Locus of Control Scale, higher scores indicate a more external locus of control or a less internal locus of control.